Fill in this inf	ormation to ide	ntify your	case and this filing:		
Debtor 1	Sonseearay	L.	Townsend		
	First Name	Middle Nan	ne Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Nan	ne Last Name	_	
United States Bar	nkruptcy Court for th	e: <b>EASTER</b>	RN DISTRICT OF MICHIGAN		
Case number (if known)	19-50588			_	k if this is an ded filing
Official Form	106A/B				
Schedule A/	B: Property				12/15
	or have any legal or	,	Building, Land, or Other Rea		re an Interest In
1.1.	ere is the property?	Ch	nat is the property? eck all that apply.	Do not deduct secured cl amount of any secured cl Creditors Who Have Clai	
Street address, if availa	able, or other descriptior	`	Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home	Current value of the entire property?	Current value of the portion you own?
County	State ZIP Co	ode	Land Investment property Timeshare Other	Describe the nature of y interest (such as fee sin entireties, or a life estat	nple, tenancy by the
County			no has an interest in the property eck one.	?	
			Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and an	Check if this is com (see instructions)	munity property
			her information you wish to add a operty identification number:	about this item, such as local	

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 1 of 37

Add the dollar value of the portion you own for all of your entries from Part 1, including any

entries for pages you have attached for Part 1. Write that number here.....

\$0.00

Debtor 1	Sonseearay	/ L.	Townsend

Case number (if known) 19-50588

Part 2:	Describe	Your	Vehicle
Part 2:	Describe	Your	Vehicle

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles

you	own that someone	else drives. If you lea	se a v	rehicle, also report it on Schedule G: Exec	cutory Contracts and Unexpir	red Leases.
3.	Cars, vans, truck	s, tractors, sport util	ty vel	nicles, motorcycles		
	□ No ✓ Yes					
Oth	del: del: del: droximate mileage: er information: d7 Cadillac Esca d,000 miles) Watercraft, aircr	lade (approx.	Cr Cr C C	Debtor 2 only Debtor 1 and Debtor 2 only		ms on Schedule D:
4.1. Mak Mod Yea Oth	ke: del:			ho has an interest in the property? heck one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property	Do not deduct secured clai amount of any secured clai Creditors Who Have Claim.  Current value of the entire property?	ms on Schedule D:
5.				(see instructions) for all of your entries from Part 2, incluted: Compared to the compared to		\$4,000.00
Р	art 3: Descr	ibe Your Persona	l and	d Household Items	•	_
Do	you own or have a	any legal or equitable	inter	est in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.		s and furnishings appliances, furniture, le  Debtor's Furn		china, kitchenware		\$2,000.00
7.	music	•		eo, stereo, and digital equipment; comput es including cell phones, cameras, media	• •	1
	Yes. Describ	e				]

19-50588-pjs Filed 07/19/19 Entered 07/19/19 22:34:07 Page 2 of 37 Doc 4 Official Form 106A/B Schedule A/B: Property page 2

Deb	tor 1 Sonseearay	L. Townsend	Case number (if known)19-	50588
8.		and figurines; paintings, prints, or other artwork; books, picture in, or baseball card collections; other collections, memorabilia	-	
	✓ No ☐ Yes. Describe			
9.		s and hobbies otographic, exercise, and other hobby equipment; bicycles, pold kayaks; carpentry tools; musical instruments	ool tables, golf clubs, skis;	
	✓ No ✓ Yes. Describe			
10.	•	les, shotguns, ammunition, and related equipment		
	✓ No ☐ Yes. Describe			
11.	Clothes Examples: Everyday  ☐ No	clothes, furs, leather coats, designer wear, shoes, accessories	s	
		Debtor's Clothing		\$500.00
12.	gold, silve	jewelry, costume jewelry, engagement rings, wedding rings, hor r	eirloom jewelry, watches, gems	
	☐ No ☑ Yes. Describe	30 Pieces of Costume Jewelry (no precious metals	or stones)	\$400.00
13.	Non-farm animals  Examples: Dogs, cats	s, birds, horses		
	✓ No ☐ Yes. Describe			
14.	did not list	and household items you did not already list, including any	y health aids you	
	✓ No ☐ Yes. Give specifi information			7
15.		of all of your entries from Part 3, including any entries for Write the number here	_	\$2,900.00
Pa	art 4: Describe	Your Financial Assets		
Doy	ou own or have any l	legal or equitable interest in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examples: Money you petition	u have in your wallet, in your home, in a safe deposit box, and	on hand when you file your	
	No No		Cach.	\$40.00

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 3 of 37

Official Form 106A/B Schedule A/B: Property page 3

Deb	tor 1 <u>So</u>	nseearay L.	Lownsen	d		Case numbe	r (if known) <b>19-5</b> (	0588
17.	Deposits of Examples:	Checking, savi	ses, and ot		accounts; certificates of de nstitutions. If you have mu	•		
	□ No ☑ Yes			Institution i	name:			
	17.1.	Checking acc	count:	Huntingto	on Bank Checking & S	avings		\$0.00
	17.2.	Savings acco			<u> </u>			· · · · · ·
	17.3.	Certificates of	of deposit:	-				
	17.4.	Other financi	al account:	Netspend	Other financial accou	ınt		\$220.00
18.		itual funds, or			s brokerage firms, money n	parkat appaunta		
	No No	Bond funds, in	vestillellt a	ccourts with	blokelage lillis, filoliey li	narket accounts		
			Institution	n or issuer n	ame:			
19.	-	cly traded stoc			rporated and unincorpor	rated businesses, in	ncluding	
	informa	Sive specific ation about	Name of	entity:			% of ownership:	
20.	Negotiable	instruments inc	lude perso	nal checks,	egotiable and non-negotion cashiers' checks, promisson transfer to someone by sig	ory notes, and money		
	informa	Sive specific ation about	lssuer na	me:				
21.		t or pension ac Interests in IRA profit-sharing p	A, ERISA, K	(eogh, 401(l	(), 403(b), thrift savings ac	counts, or other pens	sion or	
	<b>☑</b> No							
		ist each nt separately.	Type of ac	count:	Institution name:			
		, ,		imilar plan:				
			Pension pl	·				
			IRA:					
			Retirement	account:				
			Keogh:					
			Additional	account:				

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 4 of 37

22.		posits you have m		ontinue service or use from a lectric, gas, water), telecomi		3	
	No No		Institution name or inc	lividual:			
	Yes		institution hame of inc	ividual.			
	Gas:						
	Heating oil:						
	_	osit on rental unit:					
	, ,		Security Deposit w	rith Landlord			\$2,200.00
	Prepaid rent	•	Security Deposit w	TITI Landiord			Ψ2,200.00
	Telephone:						
	Water:						
	Rented furni Other:	ture:					
23.	Annuities (A contract for a  ✓ No	specific periodic p	ayment of money to yo	ou, either for life or for a num	nber of year	rs)	
	Yes	Issuer name and	lescription:				
24.	Interests in an education I 26 U.S.C. §§ 530(b)(1), 529			program, or under a qualifi	ed state tu	ition pro	gram.
	No Yes	Institution name a	nd description. Separa	ately file the records of any i	nterests. 1	1 U.S.C.	§ 521(c)
25.	Trusts, equitable or future powers exercisable for yo		erty (other than anyth	ing listed in line 1), and rig	ghts or		
	<b>☑</b> No						
	Yes. Give specific information about them						
26.	Patents, copyrights, trade Examples: Internet domain						
	<ul><li>No</li><li>Yes. Give specific information about them</li></ul>						
27.	Licenses, franchises, and	other general inta		tion holdings, liquor licenses	s. professio	nal licens	ses
	✓ No ✓ Yes. Give specific	,					
	information about them						
Mor	ey or property owed to you	u?					Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you						
	No	rmetier - ·	0040 5 1 1 7	<b>3</b> _£		Fod'	<b>#F 000 00</b>
	Yes. Give specific information about them, including w		2019 Federal Lax	Refund. Amt: \$5,000.00		Federal:	· ,
	you already filed the ret and the tax years					State:	\$0.00

Case number (if known) 19-50588

Debtor 1

Sonseearay L. Townsend

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 5 of 37

Official Form 106A/B Schedule A/B: Property page 5

Debto	Sonseearay L. Townsend	Case number (if known) 19-50588
	Family support  Examples: Past due or lump sum alimony, spousal support, child support, mainto	enance, divorce settlement, property settlement
Ē	No No Yes. Give specific information	Alimony:
L	Tes. Give specific information	Maintenance:
		Support:
		Divorce settlement:  Property settlement:
30. C	Other amounts someone owes you	Troporty detaoments
E	Examples: Unpaid wages, disability insurance payments, disability benefits, sick compensation, Social Security benefits; unpaid loans you made to so	
<u> </u>	✓ No  Yes. Give specific information	
	<b>Interests in insurance policies</b> Examples: Health, disability, or life insurance; health savings account (HSA); cre	edit, homeowner's, or renter's insurance
<u> </u>	✓ No  Yes. Name the insurance company of each policy	
	· · ·	Beneficiary: Surrender or refund value:
33. C	entitled to receive property because someone has died  No Yes. Give specific information  Claims against third parties, whether or not you have filed a lawsuit or made	e a demand for payment
_	Examples: Accidents, employment disputes, insurance claims, or rights to sue  No	
	Yes. Describe each claim	
	Uther contingent and unliquidated claims of every nature, including counter rights to set off claims	rclaims of the debtor and
<u> </u>	✓ No  Yes. Describe each claim	
35. <i>A</i>	Any financial assets you did not already list	
_	✓ No  Yes. Give specific information	
	Add the dollar value of all of your entries from Part 4, including any entries fattached for Part 4. Write that number here	
Par	rt 5: Describe Any Business-Related Property You Own or Ha	ave an Interest In. List any real estate in Part 1.
37. E	Do you own or have any legal or equitable interest in any business-related p	property?
[ [	☑ No. Go to Part 6. ☐ Yes. Go to line 38.	

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 6 of 37

Official Form 106A/B Schedule A/B: Property page 6

Sonseearay	L. Townsend	Case number (if known)19-	50588
			Current value of the portion you own? Do not deduct secured claims or exemptions.
. Accounts receivable	or commissions you already earned		ciaims of exemptions.
No Yes. Describe			<b></b>
		ers, copiers, fax machines, rugs, telephones,	_
✓ No ☐ Yes. Describe			
. Machinery, fixtures, o	equipment, supplies you use in business	, and tools of your trade	
No Yes. Describe			<b></b>
. Inventory			_
✓ No ☐ Yes. Describe			<b></b>
. Interests in partnersh	nips or joint ventures		_
✓ No ✓ Yes. Describe	Name of entity:	% of ownership:	
. Customer lists, maili	ng lists, or other compilations		
Mo ☐ Yes. <b>Do your list</b> ☐ No	s include personally identifiable informa	tion (as defined in 11 U.S.C. § 101(41A))?	
Yes. De	escribe		
. Any business-related	I property you did not already list		
✓ No ☐ Yes. Give specific	c information.		
	of all of your entries from Part 5, includir Vrite that number here		\$0.00
Part 6: Describe A	ny Farm, and Commorcial Fishing	g-Related Property You Own or Have	an Interest In

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

$\overline{\mathbf{Q}}$	No.	Go to Part 7.
	Yes.	Go to line 47.

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 7 of 37

Official Form 106A/B Schedule A/B: Property page 7

Deb	otor 1	Sonseearay L. Townsend	Case number (if known) _	19-50588
47.		nimals es: Livestock, poultry, farm-raised fish		Current value of the portion you own? Do not deduct secured claims or exemptions.
	✓ No ☐ Yes.			
48.	Crops	either growing or harvested		
		s. Give specific		
49.	Farm ar	nd fishing equipment, implements, machinery, fixtures, and tools of trad	de	
	✓ No ☐ Yes.	·		
50.	Farm ar	nd fishing supplies, chemicals, and feed		
	✓ No ☐ Yes.	·		
51.	Any fari	m- and commercial fishing-related property you did not already list		
		s. Give specific		
52.	Add the attache	e dollar value of all of your entries from Part 6, including any entries for per for Part 6. Write that number here	pages you have	→ \$0.00
Pá	art 7:	Describe All Property You Own or Have an Interest in That	You Did Not List Al	oove
53.	•	have other property of any kind you did not already list? es: Season tickets, country club membership		
	✓ No ☐ Yes.	s. Give specific information.		
54.	Add the	e dollar value of all of your entries from Part 7. Write that number here		→ \$0.00

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 8 of 37

Official Form 106A/B Schedule A/B: Property page 8

Debtor 1 Sonseearay L. Townsend

60. Part 6: Total farm- and fishing-related property, line 52

Case number (if known) 19-50588

\$0.00

Part 8: List the Totals of Each Part of this Form					
55. Part 1: Total real estate, line 2	→ \$0.00				
56. Part 2: Total vehicles, line 5	\$4,000.00				
57. Part 3: Total personal and household items, line 15	\$2,900.00				
58. Part 4: Total financial assets, line 36	\$7,460.00				
59. Part 5: Total business-related property, line 45	\$0.00				

61. Part 7: Total other property not listed, line 54 \$0.00

Copy personal \$14,360.00 **62.** Total personal property. Add lines 56 through 61...... \$14,360.00 property total

63. Total of all property on Schedule A/B. Add line 55 + line 62..... \$14,360.00

Entered 07/19/19 22:34:07 Page 9 of 37 19-50588-pjs Doc 4 Filed 07/19/19 Official Form 106A/B Schedule A/B: Property page 9

Debtor 1	Sonseearay		Townser	1d			
Debior 1	First Name	Middle Name		iu			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				
			I DISTRICT OF MI	CUIC	SAN		
Case number (if known)	19-50588	ne. <u>EASTERN</u>	DISTRICT OF MI	СПІС	<u>JAN</u>	Check if this is an amended filing	
,							
<u>Official Form</u>	<u>106C</u>						
Schedule C:	The Proper	ty You Cla	aim as Exem <sub>l</sub>	ot			04/19
Jsing the property space is needed, fi	you listed on <i>Sche</i>	<i>dule A/B: Prope</i> this page as ma	erty (Official Form 10	6A/B)	) as your source, list th	esponsible for supplying correct info e property that you claim as exemp ssary. On the top of any additional	t. If more
s to state a speci- exempted up to the eceive certain be exemption of 100%	fic dollar amount a le amount of any a nefits, and tax-exe % of fair market va	as exempt. Alt applicable statu empt retiremen alue under a lav	ernatively, you may utory limit. Some ex it fundsmay be un w that limits the exe	claii xemp limite empti	m the full fair market tionssuch as those d in dollar amount.   I	you claim. One way of doing so value of the property being for health aids, rights to dowever, if you claim an lar amount and the value of the le statutory amount.	
Part 1: Ide	ntify the Prope	rty You Cla	im as Exempt				
You are	exemptions are you claiming state and following federal exe	ederal nonbank	cruptcy exemptions.		if your spouse is filing .S.C. § 522(b)(3)	with you.	
. For any prop	erty you list on Sc	hedule A/B tha	at you claim as exe	mpt, f	fill in the information	below.	
Brief description (	of the property and lists this property	d line on	Current value of the portion you own	Am	ount of the mption you claim	Specific laws that allow exemp	tion
			Copy the value from Schedule A/B		eck only one box for h exemption		
rief description:			\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(3)	
Debtor's Furnituine from Schedule					100% of fair market value, up to any applicable statutory limit		
rief description:			\$500.00		\$500.00	11 U.S.C. § 522(d)(3)	
Debtor's Clothin					100% of fair market value, up to any applicable statutory limit		
rief description:  0 Pieces of Correcious metals ine from Schedule	=	no	\$400.00		\$400.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)	
-	-	-	more than \$170,350 ears after that for cas		led on or after the date	of adjustment.)	

Debtor 1 Sonseearay L. Townsend Case number (if known) \_\_19-50588

## Part 2: **Additional Page** Brief description of the property and line on **Current value of** Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$40.00 \$40.00 11 U.S.C. § 522(d)(5) 100% of fair market **Debtor's Carrying Cash** value, up to any Line from Schedule A/B: 16 applicable statutory limit Brief description: \$220.00 \$220.00 11 U.S.C. § 522(d)(5) abla**Netspend Other financial account** 100% of fair market value, up to any Line from Schedule A/B: \_\_17.4 applicable statutory limit Brief description: \$2,200.00 \$2,200.00 11 U.S.C. § 522(d)(5) abla**Security Deposit with Landlord** 100% of fair market value, up to any Line from Schedule A/B: applicable statutory limit Brief description: \$5,000.00 11 U.S.C. § 522(d)(5) $\mathbf{V}$ \$5,000.00 2019 Federal Tax Refund 100% of fair market value, up to any Line from Schedule A/B: 28 applicable statutory limit

Fill in this inf	ormation to ide	ntify your case				
Debtor 1	Sonseearay First Name	L. Middle Name	Townsend Last Name			
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar Case number (if known)	nkruptcy Court for th	e: <b>EASTERN DIS</b>	TRICT OF MICHIGA	N .	Check if this is amended filing	
Official Form Schedule D:	<u>_</u>	ho Have Cla	ims Secured b	y Property	umorada iiing	12/15
correct informatio	n. If more space is	needed, copy the	ed people are filing tog Additional Page, fill it d case number (if kno	out, number the entri		
☐ No. Che	cors have claims se ck this box and subr in all of the informat	nit this form to the o	perty? court with your other sch	edules. You have noth	ing else to report on thi	is form.
Part 1: Lis	t All Secured Cl	aims				
claim, list the creditor has a	ed claims. If a cred creditor separately for particular claim, list ible, list the claims in e.	or each claim. If mo the other creditors i	ore than one in Part 2.  As	Column A  Amount of claim  Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1		Describe the	property that	\$10,220.00	\$4,000.00	\$6,220.00
Credit Acceptan Creditor's name 25505 West 12 N Number Street Suite 3000		2007 Cadill	ac Escalade 0,000 miles)			
Southfield City  Who owes the det  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and D ☐ At least one of ☐ Check if this conto a community	Debtor 2 only the debtors and and claim relates ty debt	Continge Unliquida Disputed Nature of lie An agree Statutory Judgmen Judgmen Other (inc	n. Check all that apply ment you made (such a lien (such as tax lien, n at lien from a lawsuit cluding a right to offset)	s mortgage or secured nechanic's lien)	car loan)	
Date debt was inc	urred <u>05/2017</u>	Last 4 digits	of account number	0 6 0 1		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$10,220.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:  $19\text{-}50588\text{-}p\text{js}\quad Doc\ 4\quad Filed\ 07/19/19}$ 

Page 12 of 37

Filed 07/19/19

Debtor 1	Sonseearay L. Townsend	Case number (if known)19-50588
Part 2:	List Others to Be Notified for a Debt That You	Already Listed
example, if then list the	ge only if you have others to be notified about your bankrupt a collection agency is trying to collect from you for a debt you e collection agency here. Similarly, if you have more than on itional creditors here. If you do not have additional persons page.	ou owe to someone else, list the creditor in Part 1, and e creditor for any of the debts that you listed in Part 1,
Nam Num		On which line in Part 1 did you enter the creditor?  Last 4 digits of account number

State

ZIP Code

Debtor 1

City

					_					
Fill in this inf	ormation to ide	entify your ca	ase	:						
Debtor 1	Sonseearay First Name	L. Middle Name		Townsend Last Name						
Debtor 2 (Spouse, if filing)	First Name	Middle Name		Last Name						
United States Bar	nkruptcy Court for th	ne FASTERN	פום	STRICT OF MICHIGAN						
Case number	19-50588			THE TOTAL THE THE TANK						
(if known)	19-30300								Check if this is a amended filing	n
Official Form	106E/F				_					
Schedule E/	F: Creditors	Who Have	e U	nsecured Claims						12/15
Part 1: Lis  1. Do any credit  No. Go t  Yes.  2. List all of you	t All of Your PF tors have priority use Part 2.	RIORITY Unsured claim	ns a		ınsed	cured o	claim		•	•
show both price more space is	ority and nonpriority	amounts. As munsecured clair	nuch	as possible, list the claims in al ill out the Continuation Page of I	phab	etical	orde	r acco	rding to the credito	r's name. If
•			e ins	tructions for this form in the instr	ructio	on boo	klet.			
						Total	claiı	m	Priority amount	Nonpriority amount
2.1							\$623	3.68	\$623.68	\$0.00
Michigan Depar Priority Creditor's Nam	tment of Treasur	у	La	st 4 digits of account number	7	6	3	6		
Income Tax Sec			Wł	nen was the debt incurred?		31/20				
Number Street P.O. Box 30058			۸۵	of the date you file, the claim	ie: (	hack	all th	at ann	- dv	
				Contingent	13. (	JIICON	an un	αι αρμ	ıy.	
<b>Lansing</b> City		8909 IP Code		Unliquidated Disputed						
Who incurred the	debt? Check one	e.	Ту	pe of PRIORITY unsecured cla	im:					
Debtor 1 only Debtor 2 only Debtor 1 and D At least one of	Debtor 2 only the debtors and an	other		Domestic support obligations Taxes and certain other debts Claims for death or personal in intoxicated					ent	
Is the claim subje	claim is for a comn ct to offset?	nunity debt		Other. Specify						
✓ No Yes										

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 14 of 37

Schedule E/F: Creditors Who Have Unsecured Claims

Debtor 1 Sonseearay L. Townsend	Case number (if known) <b>19-50588</b>
Part 2: List All of Your NONPRIORITY	/ Unsecured Claims
Yes  4. List all of your nonpriority unsecured claims in If a creditor has more than one nonpriority unsecutype of claim it is. Do not list claims already inclu	Submit this form to the court with your other schedules.  In the alphabetical order of the creditor who holds each claim.  Urred claim, list the creditor separately for each claim. For each claim listed, identify what added in Part 1. If more than one creditor holds a particular claim, list the other creditors in insecured claims, fill out the Continuation Page of Part 2.    Total claim
No Yes  4.2  Biotech Clinical Laboratory  Nonpriority Creditor's Name 25775 Meadowbrook  Number Street	\$440.0  Last 4 digits of account number 7 0 1 8  When was the debt incurred? 03/06/2018  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed

☐ Check if this claim is for a community debt
Is the claim subject to offset?

☑ No
☐ Yes

Who incurred the debt?

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Debtor 1 only

Debtor 2 only

48375-1849

ZIP Code

MI State

Check one.

Novi City

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 15 of 37

Type of NONPRIORITY unsecured claim:

that you did not report as priority claims

Obligations arising out of a separation agreement or divorce

Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

Other. Specify

**Arrearage** 

page 2

Part 2: Your NONPRIORITY Unsecur	ed Claims Continuation Page	
After listing any entries on this page, number then previous page.	n sequentially from the	Total claim
Capital 1 Bank Nonpriority Creditor's Name Attn: Bankruptcy Dept. Number Street PO Box 30285  Salt Lake City UT 84130 City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Last 4 digits of account number 9 8 5 4  When was the debt incurred? 03/2011  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	\$306.00
Capital One Nonpriority Creditor's Name Attn: Bankruptcy Number Street PO Box 30285  Salt Lake City UT 84130 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number 5 5 5 7  When was the debt incurred? 03/2018  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	\$326.00
Chatotu Qin Nonpriority Creditor's Name 6146 Charles Drive Number Street  West Bloomfield MI 48322  City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Yes	Last 4 digits of account number  When was the debt incurred? 11/30/2017  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Civil Judgement	\$6,434.00

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 16 of 37

Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number ther previous page.		Total claim
4.6		\$100.00
Congress Collection	_ Last 4 digits of account number <u>9</u> <u>1</u> <u>7</u> <u>5</u>	
Nonpriority Creditor's Name 28552 Orchard Lake Road	When was the debt incurred? 12/2016	
Number Street	As of the date you file, the claim is: Check all that apply.	
Suite 200	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Farmington Hills MI 48334	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Collecting for - MI ENDOSCOPY CENTER LLC	
Is the claim subject to offset?		
<b>☑</b> No		
Yes		
4.7		\$2,590.00
Doychev Building Group	_ Last 4 digits of account number <u>8 9 L T</u>	
Nonpriority Creditor's Name c/o Marilyn D. Walker	When was the debt incurred? 04/18/2019	
Number Street	As of the date you file, the claim is: Check all that apply.	
1361 Mill Creek Dr.	_ Contingent	
	Unliquidated	
Waterford MI 48327	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	Other. Specify	
Is the claim subject to offset?	Civil Judgement	
No No		
Yes		
4.8		\$2,933.98
DTE Energy	Last 4 digits of account number 9 3 9 6	
Nonpriority Creditor's Name	When was the debt incurred? 06/04/2019	
1 ENERGY PLZ # WCB2106 Number Street	As of the date you file, the claim is: Check all that apply.	
	_	
	Unliquidated	
Detroit MI 48226	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify	
<b>.</b>	Arrearage	
Is the claim subject to offset?  No		
Yes		

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 17 of 37

Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.9		\$399.00
First Premier Bank Nonpriority Creditor's Name 601 S Minnesota Ave Number Street	Last 4 digits of account number 6 3 5 0  When was the debt incurred? 12/2010  As of the date you file, the claim is: Check all that apply.  □ Contingent □ Unliquidated	
Sioux Falls  City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card	
4.10 Yes		\$431.00
First PREMIER Bank Nonpriority Creditor's Name Attn: Bankruptcy Number Street PO Box 5524	Last 4 digits of account number 1 2 1 7 When was the debt incurred? 04/2018  As of the date you file, the claim is: Check all that apply.  □ Contingent □ Unliquidated	
Sioux Falls City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit Card	
4.11  Helvey & Associates Nonpriority Creditor's Name 1029 East Center St Number Street	Last 4 digits of account number 9 4 8 5  When was the debt incurred? 12/2014  As of the date you file, the claim is: Check all that apply.  Contingent	<u>\$883.00</u>
Warsaw IN 46580  City State ZIP Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?  ✓ No  Yes	Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collecting for -CONSUMERS ENERGY UA ACCTS	

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 18 of 37

Part 2: Your NONPRIORITY Unsecure	ed Claims Continuation Page	
After listing any entries on this page, number then previous page.	n sequentially from the	Total claim
4.12 Huntington National Bank	Last 4 digits of account number 7 6 3 6	\$236.00
Nonpriority Creditor's Name	When was the debt incurred?	
Attn: Garnishments Number Street	As of the date you file, the claim is: Check all that apply.	
7 Aston Oval	Contingent Unliquidated	
Columbus OH 43219	Disputed	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Overdraft	
Is the claim subject to offset?  No		
Yes		
4.13		\$643.00
Independent Emergency Phys PC Nonpriority Creditor's Name	Last 4 digits of account number 4 8 G C	
P.O. Box 674474	When was the debt incurred? 05/15/2013	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ ☐ Contingent ☐ Unliquidated	
	Disputed	
Detroit         MI         48267-4474           City         State         ZIP Code	Type of NONDRIODITY upgeoured element	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:  Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	✓ Other. Specify Services Rendered	
Is the claim subject to offset?	Services iteliaerea	
✓ No		
Yes		
4.14		\$5,000.00
Internal Revenue Service Nonpriority Creditor's Name	Last 4 digits of account number 7 6 3 6	
Centralized Insolvency Operation	ILIOTEGI	
Number Street P.O. Box 7346	As of the date you file, the claim is: Check all that apply.  Contingent	
Philadelphia, P.A. 19101-7346	Unliquidated	
i illiadolphia, i .A. 10101-1040	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only  Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	✓ Other. Specify 1040 Taxes	
Is the claim subject to offset?	<del></del>	
☑ No		
Yes		

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 19 of 37

Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.15  Jprecovery  Nonpriority Creditor's Name  20220 Center Ridge  Number Street	Last 4 digits of account number 9 2 3 0  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Unliquidated  Disputed	\$74.00
Rocky River  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  No Yes	Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collection Account	
Midland Funding Nonpriority Creditor's Name 8875 Aero Dr Number Street  San Diego CA 92123 City State ZIP Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Last 4 digits of account number 0 9 0 3  When was the debt incurred? 01/2013  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Collection Account	*620.00
Money Recovery Nationw Nonpriority Creditor's Name 8155 Executive Ct Ste 10 Number Street  Lansing MI 48917 City State ZIP Code Who incurred the debt? Check one.  ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Last 4 digits of account number 5 6 5 1  When was the debt incurred? 09/2012  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	\$568.00
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes	Other. Specify Collection Account	

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 20 of 37

Part 2: Your NONPRIORITY Unsecur	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.18		\$2,252.00
National Credit System Nonpriority Creditor's Name	_ Last 4 digits of account number <u>0 4 4 2</u>	
Attn: Bankruptcy	When was the debt incurred? 07/2009	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 312125	_	
	□ Disputed	
Atlanta GA 31131		
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	Student loans	
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
☐ Check if this claim is for a community debt	Other. Specify	
	Collection Account	
Is the claim subject to offset?		
✓ No ☐ Yes		
4.19		\$56.00
No Sin/FF	Last 4 digits of account number 7 9 7 0	<del>Ψ30.00</del>
Nco Fin/55 Nonpriority Creditor's Name	· · · · · · · · · · · · · · · · ·	
Po Box 13570	When was the debt incurred? 02/2013	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
Philadelphia PA 19101	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
<b>-</b>	▼ Other. Specify	
Check if this claim is for a community debt	Collection Account	
Is the claim subject to offset?		
<b>☑</b> No		
Yes		
4.20		
		\$2,300.00
Seville Pointe	_ Last 4 digits of account number <u>x x x x</u>	
Nonpriority Creditor's Name 601 Seville Blvd	When was the debt incurred? 04/2005	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_	
	Unliquidated	
Pontiac MI 48340	Disputed	
Pontiac MI 48340 City State ZIP Code	Type of NONDRIORITY unsecured claim:	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:  ☐ Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Backed Rent	
Is the claim subject to offset?		
<b>⋈</b> No		
Yes		

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 21 of 37

Part 2: Your NONPRIORITY Unsecure	ed Claims Continuation Page	
After listing any entries on this page, number then previous page.	n sequentially from the	Total claim
Sprint Nonpriority Creditor's Name PO Box 17990 Number Street	Last 4 digits of account number 9 9 1 2 When was the debt incurred? 01/2011  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated	\$1,000.00
Denver City State ZIP Code Who incurred the debt? Check one.  ✓ Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? ✓ No	Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Arrearage	
4.22  St. Joseph Mercy Health System  Nonpriority Creditor's Name  P.O. Box 67000 Dept. 83901  Number Street	Last 4 digits of account number  When was the debt incurred? 06/29/2019  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated	\$1,567.00
Detroit  MI	Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Services Rendered	
State of Michigan  Nonpriority Creditor's Name  Talent Investment Agency  Number Street  Unemployment Insurance Agency  3024 W. Grand Blvd.  Detroit MI 48202  City State ZIP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another  Check if this claim is for a community debt  Is the claim subject to offset?	Last 4 digits of account number 9 0 2 6 When was the debt incurred? 03/12/2019  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Overpayment	\$7,714.00

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 22 of 37

Schedule E/F: Creditors Who Have Unsecured Claims

<u></u>	Case number (ii known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.24		\$411.00
The Bureaus Inc.	Last 4 digits of account number 0 5 0 3	
Nonpriority Creditor's Name Attention: Bankruptcy Dept.	When was the debt incurred? 03/2012	
Number Street	As of the date you file, the claim is: Check all that apply.	
1717 Central St.	_ Contingent	
	Unliquidated	
Evanston IL 60201	─	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.  Debtor 1 only	Student loans	
Debtor 1 only  Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Collection Account	
Is the claim subject to offset?		
No You		
Yes		
4.25		\$1,167.00
United Consumer Financial Services	Last 4 digits of account number 4 5 7 5	<u> </u>
Nonpriority Creditor's Name	When was the debt incurred? 08/2015	
Attn: Bankruptcy Number Street	As of the date you file, the claim is: Check all that apply.	
865 Bassett Rd	_ Contingent	
	Unliquidated	
Westlake OH 44145	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	installment dales dont act	
✓ No		
Yes		
4.26		
		\$2,435.00
University Of Phoenix Nonpriority Creditor's Name	_ Last 4 digits of account number 3 0 9 7	
4615 E Elwood St FI 3	When was the debt incurred? 03/2011	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_	
	— ☐ Disputed	
Phoenix AZ 85040	<b>–</b>	
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Unsecured	
Is the claim subject to offset?		
☑ No □ Yes		

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 23 of 37

page 10

Debtor 1 Sonseearay L. Townsend Case number (if known) 19-50588 Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.27 \$812.00 Last 4 digits of account number Us Dept Of Ed/glelsi <u>8 5 8 1 </u> Nonpriority Creditor's Name When was the debt incurred? 06/2011 2401 International As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Madison WI 53704 State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ▼ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt Is the claim subject to offset? **☑** No ☐ Yes 4.28 \$18,158.00 Last 4 digits of account number **USDOE/GLELSI** 8 5 8 1 Nonpriority Creditor's Name When was the debt incurred? 06/2011 Attn: Bankruptcy As of the date you file, the claim is: Check all that apply. Number Street PO Box 7860 Contingent Unliquidated Disputed Madison WI 53707 ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ▼ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only

Other. Specify

Debts to pension or profit-sharing plans, and other similar debts

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 24 of 37

Schedule E/F: Creditors Who Have Unsecured Claims

At least one of the debtors and another

Is the claim subject to offset?

✓ No ☐ Yes

☐ Check if this claim is for a community debt

De	btor	1
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Sonseearay L. Townsend

Case number	(if known)	19-50588
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## Part 3: List Others to Be Notified About a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

50th District Court			On which entry in Part 1 or F	art 2	2 did you list the original creditor?
Name Attn: Clerk of the Co	ourt-Civil		Line 4.13 of (Check one):		Part 1: Creditors with Priority Unsecured Claims
Number Street 70 N. Saginaw			_		Part 2: Creditors with Nonpriority Unsecured Claims
-				<b>h</b> a=	
Pontiac City	MI State	<b>48342</b> ZIP Code	<ul><li>Last 4 digits of account num</li></ul>	ber	
50th District Court Name			On which entry in Part 1 or F	art 2	2 did you list the original creditor?
Attn: Clerk of the Co	ourt-Civil		Line 4.7 of (Check one):		Part 1: Creditors with Priority Unsecured Claims
Number Street 70 N. Saginaw			_	$   \sqrt{} $	Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of account num	ber	
Pontiac City	MI State	<b>48342</b> ZIP Code	_		
City	Otato	2.11 0000			
52-3 District Court			On which entry in Part 1 or F	art 2	2 did you list the original creditor?
Attn: Clerk of the C	ourt Civil D	ivision	Line 4.5 of (Check one):		Part 1: Creditors with Priority Unsecured Claims
Number Street 700 Barclay Circle			_		Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of account num	ber	
Rochetster Hills City	MI State	<b>48307</b> ZIP Code	_		
Chargueytame			On which entry in Part 1 or F	Part 1	2 did you list the original creditor?
Name					
Att: Consumer Rela			Lineor (Check one):		Part 1: Creditors with Priority Unsecured Claims
7805 Hudson Rd. S	uite 100		_	V	Part 2: Creditors with Nonpriority Unsecured Claims
			<ul> <li>Last 4 digits of account num</li> </ul>	ber	
Woodbury City	MN State	<b>55125</b> ZIP Code	_		
Department of the 1	Treasury		On which entry in Part 1 or F	art 2	2 did you list the original creditor?
Internal Revenue Se	ervice		Line 4.14 of (Check one):		Part 1: Creditors with Priority Unsecured Claims
Number Street			_	$   \sqrt{} $	Part 2: Creditors with Nonpriority Unsecured Claims
			Last 4 digits of account num	ber	
Kansas City City	MO State	<b>64999-0039</b> ZIP Code	_		
- ,					
DTE Energy Name			On which entry in Part 1 or F	art 2	2 did you list the original creditor?
1 ENERGY PLZ # W	CB2106		Line 4.8 of (Check one):		Part 1: Creditors with Priority Unsecured Claims
Number Street			_	$   \sqrt{} $	Part 2: Creditors with Nonpriority Unsecured Claims
		40000	Last 4 digits of account num	ber	
Detroit City	MI State	<b>48226</b> ZIP Code	_		

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 25 of 37

Schedule E/F: Creditors Who Have Unsecured Claims

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1)	മh	tΩ	r 1	

Sonseearay L. Townsend

Case number (if known)	19-50588

Part 3: List Oth	ners to Be	Notified Abou	ut a Debt That You Already	/ Listed Continuation Page
Firstsource Advantage	ge, LLC		On which entry in Part 1 or P	Part 2 did you list the original creditor?
Name 205 Bryant Woods Number Street			Line <b>4.3</b> _ of (Check one):	□ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
South Amherst City	NY State	<b>14228</b> ZIP Code	Last 4 digits of account num	ber
I C System Inc.			On which entry in Part 1 or F	Part 2 did you list the original creditor?
P.O. Box 64378 Number Street			Line of (Check one):	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Saint Paul City	MN State	<b>55164-0437</b> ZIP Code	<ul><li>Last 4 digits of account num</li></ul>	ber
Internal Revenue Ser	vice		On which entry in Part 1 or P	Part 2 did you list the original creditor?
Centralized Insolven Number Street P.O. Box 7346	cy Operati	on	Line 4.14 of (Check one):	□ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
Philadelphia, P.A. 19	101-7346		─ ─ Last 4 digits of account num	ber
City	State	ZIP Code	_	
John C. Postelli Law	Office		On which entry in Part 1 or P	Part 2 did you list the original creditor?
Name P.O. Box 399 Number Street			Line <u>4.13</u> of (Check one):	□ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
Stevensville City	MI State	<b>49127</b> ZIP Code	Last 4 digits of account num	ber
Michigan Office of th	e Attorney	/ General	On which entry in Part 1 or F	Part 2 did you list the original creditor?
G. Mennen Building Number Street 525 W. Ottawa Street			Lineof (Check one):	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
P.O. Box 30212 Lansing City	MI State	<b>48909</b> ZIP Code	— — Last 4 digits of account num —	ber
Sprint			On which entry in Part 1 or P	Part 2 did you list the original creditor?
P.O. Box 219100 Number Street			Line <u><b>4.21</b></u> of (Check one):	Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Kansas City	MO State	<b>64121-9100</b> ZIP Code	Last 4 digits of account num	ber

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 26 of 37

106E/F Schedule E/F: Creditors Who Have Unsecured Claims page 26 of 37

## List Others to Be Notified About a Debt That You Already Listed -- Continuation Page Part 3: Sprint On which entry in Part 1 or Part 2 did you list the original creditor? Name P.O. Box 4191 Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number **Carol Stream** 60197-4191 On which entry in Part 1 or Part 2 did you list the original creditor? Sprint PO Box 17990 Line 4.21 of (Check one): Part 1: Creditors with Priority Unsecured Claims Number Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number 80217-0990 Denver CO State ZIP Code U.S. Department of Education/GL On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.28 of (Check one): Part 1: Creditors with Priority Unsecured Claims 400 Maryland Ave. SW Number Street Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number Washington DC 20202 ZIP Code State U.S. Department of Education/GL On which entry in Part 1 or Part 2 did you list the original creditor? Name Line 4.27 of (Check one): Part 1: Creditors with Priority Unsecured Claims 400 Maryland Ave. SW Number Street Part 2: Creditors with Nonpriority Unsecured Claims - Last 4 digits of account number Washington DC 20202 ZIP Code On which entry in Part 1 or Part 2 did you list the original creditor? U.S. Department of Education/GL 400 Maryland Ave. SW Line 4.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number DC 20202 Washington City On which entry in Part 1 or Part 2 did you list the original creditor? **United States Attorney** Line 4.28 of (Check one): Part 1: Creditors with Priority Unsecured Claims **Attn: Civil Division** Number Street Part 2: Creditors with Nonpriority Unsecured Claims 211 West Fort Street Ste. 2001 Last 4 digits of account number

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 27 of 37

106E/F Schedule E/F: Creditors Who Have Unsecured Claims

Detroit

City

MΙ

State

48226

ZIP Code

Debtor 1

Sonseearay L. Townsend

Case number (if known) \_\_\_19-50588

Part 3: List Other	rs to B	e Notified Ab	oout a Debt That You Already Listed Continuation Page
United States Attorney			On which entry in Part 1 or Part 2 did you list the original creditor?
Name Attn: Civil Division Number Street 211 West Fort Street			Line 4.27 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
Ste. 2001			
Detroit City	MI State	<b>48226</b> ZIP Code	—— Last 4 digits of account number
United States Attorney			On which entry in Part 1 or Part 2 did you list the original creditor?
Name Attn: Civil Division Number Street 211 West Fort Street			Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
Ste. 2001			—— Last 4 digits of account number
Detroit City	MI State	<b>48226</b> ZIP Code	
United States Attorney			On which entry in Part 1 or Part 2 did you list the original creditor?
Name Attn: Civil Division Number Street			Line of (Check one):
211 West Fort Street			Part 2: Creditors with Nonpriority Unsecured Claims
Ste. 2001			—— Last 4 digits of account number
Detroit	MI	48226	
City	State	ZIP Code	

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 28 of 37

106E/F Schedule E/F: Creditors Who Have Unsecured Claims pa

Sonseearay L. Townsend

Debtor 1

Case number (if known) 19-50588

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a. <b>\$0.00</b>
	6b.	Taxes and certain other debts you owe the government	6b. <b>\$623.68</b>
	6c.	Claims for death or personal injury while you were intoxicated	6c. <b>\$0.00</b>
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. <b>+</b> \$0.00
	6e.	<b>Total.</b> Add lines 6a through 6d.	6d. <b>\$623.68</b>
			Total claim
Total claims from Part 2	6f.	Student loans	6f. <b>\$87,884.00</b>
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <b>\$0.00</b>
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h. <b>\$0.00</b>
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i. <b>+</b> \$40,885.98
	6j.	<b>Total.</b> Add lines 6f through 6i.	6j. <b>\$128,769.98</b>

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 29 of 37 m 106E/F Schedule E/F: Creditors Who Have Unsecured Claims page 29 of 37

Fill in this in	nformation to identify your case:		
Debtor 1	Sonseearay L. Towr First Name Middle Name Last Na		
Debtor 2 (Spouse, if filing	g) First Name Middle Name Last Na	me	
United States B	sankruptcy Court for the: <b>EASTERN DISTRICT OF</b>	MICHIGAN	
Case number (if known)	19-50588	Check if this is an amended filing	
Official Forr	n 106G		
Schedule (	G: Executory Contracts and Unex	oired Leases	12/15
On the top of an	ion. If more space is needed, copy the additional y additional pages, write your name and case nur e any executory contracts or unexpired leases?	page, fill it out, number the entries, and attach it to this page. nber (if known).	
ш	,	r other schedules. You have nothing else to report on this form. or leases are listed on Schedule A/B: Property (Official Form 106A/B)	
is for (for e		the contract or lease. Then state what each contract or lease structions for this form in the instruction booklet for more examples of	
Person o	or company with whom you have the contract or I	ease State what the contract or lease is for	
Name	4 Mile # 206 Street	Residential Lease Contract to be ASSUMED	
11 W. 1		Contract to be ASSUMED	

**48017** ZIP Code

Clawson City

=	ill in this	information to ide	entify your case	:		
	ebtor 1	Sonseearay	L.	Townsend		
		First Name	Middle Name	Last Name		
	ebtor 2 Spouse, if fi	ing) First Name	Middle Name	Last Name	-	
Uı	nited States	s Bankruptcy Court for t	he: <b>EASTERN DIS</b>	STRICT OF MICHIGAN		
C	ase numbe	r 19-50588			— ☐ Check if the	his is an
(if	known)				amended	
Of	ficial Fo	orm 106H				
		H: Your Codel	otors			12/15
two nee	married peded, copy ge. On the	eople are filing togeth the Additional Page, fi top of any Additional I	er, both are equally ill it out, and numb Pages, write your r	y responsible for supplying er the entries in the boxes	Be as complete and accurate as po- correct information. If more space on the left. Attach the Additional Pa nown). Answer every question.	e is
	✓ No ☐ Yes	·		·	,	
2.	include A	rizona, California, Idaho			ory? (Community property states an exas, Washington, and Wisconsin.)	d territories
		Go to line 3.  Did your spouse, form No Yes In which community sta		equivalent live with you at the	time?  Fill in the name and current addres	s of that person.
		Name of your spouse, form	er spouse, or legal equi	valent	<u></u>	
		Number Street				
					<u> </u>	
		City	S	state ZIP Code		
3.	person s creditor o	hown in line 2 again as	s a codebtor only it I Form 106D), <i>Sche</i>	f that person is a guarantor edule E/F (Official Form 100	btor if your spouse is filing with your cosigner. Make sure you have l E/F), or <i>Schedule G</i> (Official Form	listed the
	Colum	n 1: Your codebtor			Column 2: The creditor to whor	n you owe the debt
					Check all schedules that apply:	
	Name				Schedule D, line	_
	Numbe	r Street			Schedule E/F, line	
		. 5.1500			Schedule G, line	_
	City		State	ZIP Code		

Fill in this infor	rmation to ident	ifv vour case:			
Debtor 1	Sonseearay	L.	Townsend		
	First Name	Middle Name	Last Name	Che	eck if this is:
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	_	An amended filing
	nkruptcy Court for the		ISTRICT OF MICHIGAN		A supplement showing postpetition
Case number	19-50588	,. <u>LAGILIAN</u>	ornior or mornorax		chapter 13 income as of the following date
(if known)					MM / DD / YYYY
Official Form 1	<u> 061</u>				
Schedule I: Y	our Income				12/1
include information about your spouse. your name and case	about your spouse If more space is no	. If you are separ eeded, attach a se . Answer every q	eparate sheet to this form. C	filing with y	ou, do not include information
Fill in your emp information.	loyment		Debter 4		Dahtar 2 ay yan filing ay ay
If you have more			Debtor 1		Debtor 2 or non-filing spouse
job, attach a sep with information		loyment status	<ul><li>✓ Employed</li><li>☐ Not employed</li></ul>		☐ Employed ☐ Not employed
additional emplo	overs.	upation	Administrative Assistar	nt	
Include part-time		<b>Apation</b>	Administrative Addictar		
or self-employed	l work. Emp	loyer's name	LS Investments Adviso	rs. LLC	
Occupation may student or home applies.		oloyer's address	39533 Woodward Ave. S	Ste. 302	Number Street
			Bloomfield Hills MI	48304	Other Time Order
			City State	<b>48304</b> e Zip Code	City State Zip Code
	How	long employed ti	City State		City State Zip Code
Part 2: Give	How Details About N		City State here? 8		City State Zip Code
Estimate monthly in	Details About N	Monthly Incom	City State here? 8	e Zip Code	City State Zip Code, write \$0 in the space. Include your
Estimate monthly in non-filing spouse unle If you or your non-filir	Details About Nacome as of the date ess you are separate and spouse have more	Monthly Income you file this formed.	City State  here? 8  e  n. If you have nothing to repo	e Zip Code	·
Estimate monthly in non-filing spouse unle If you or your non-filir	Details About Nacome as of the date ess you are separate and spouse have more	Monthly Income you file this formed.	city State  here? 8  e  n. If you have nothing to repo er, combine the information for	e Zip Code	, write \$0 in the space. Include your
Estimate monthly in non-filing spouse unle If you or your non-filing you need more space	Details About Nacome as of the date ess you are separate and spouse have more	Monthly Income you file this formed. e than one employesheet to this form.	City State  here? 8  e  n. If you have nothing to repo er, combine the information for  For  s (before all 2.	e Zip Code  ort for any line or all employer	, write \$0 in the space. Include your rs for that person on the lines below. If
Estimate monthly in non-filing spouse unle lf you or your non-filing you need more space  2. List monthly grayroll deduction would be.	Details About Nacome as of the date ess you are separate and spouse have more, attach a separate stooms wages, salary,	Monthly Income you file this formed. The end one employes sheet to this form.  and commissions they, calculate what	City State  here? 8  e  n. If you have nothing to repo er, combine the information for  For  s (before all 2.	er Zip Code  ort for any line or all employer  Debtor 1	, write \$0 in the space. Include your rs for that person on the lines below. If

19-50588-pjs Doc 4 Filed 07/19/19 Entered 07/19/19 22:34:07 Page 32 of 37 Schedule I: Your Income

Deb	otor 1 Sonseearay L. Townsend		Case num	nber (if known)	19-50	0588
			For Debtor 1	For Debtor		
	Copy line 4 here	4.	\$3,583.33			
5.	List all payroll deductions:					
	5a. Tax, Medicare, and Social Security deductions	5a.	\$349.16			
	5b. Mandatory contributions for retirement plans	5b.	\$0.00			
	5c. Voluntary contributions for retirement plans	5c.	\$0.00			
	5d. Required repayments of retirement fund loans	5d.	\$0.00			
	5e. Insurance	5e.	\$0.00			
	5f. Domestic support obligations	5f.	\$0.00			
	5g. Union dues	5g.	\$0.00		—	
	5h. Other deductions. Specify: Parking Post-1	5h. <b>+</b>	\$20.04			
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$ .	6.	\$369.20		<u> </u>	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$3,214.13			
8.	List all other income regularly received:					
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00			
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.					
	8b. Interest and dividends	8b.	\$0.00			
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00		—	
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.					
	8d. Unemployment compensation	8d.	\$0.00			
	8e. Social Security	8e.	\$0.00			
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.					
	Specify:	8f.	\$0.00			
	8g. Pension or retirement income	— 8g.	\$0.00			
	8h. Other monthly income.  Specify: Unemployment Benefit	8h. <b>+</b>				
		_			<del>-</del>	
9.	<b>Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$1,268.00		<b>=</b>	
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$4,482.13	<b>-</b>	]=	\$4,482.13
11.	State all other regular contributions to the expenses that you list in Include contributions from an unmarried partner, members of your house friends or relatives.			roommates, a	and other	
	Do not include any amounts already included in lines 2-10 or amounts the	at are n	ot available to pay e	xpenses listed	l in Sche	dule J.
	Specify:				11. <b>+</b>	\$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information,				12.	\$4,482.13
	if it applies.	monthly inco			Combined monthly income	
13.	Do you expect an increase or decrease within the year after you file	this for	rm?			
	✓ No. None.  Yes. Explain:					

Page 33 of 37 page 2 Filed 07/19/19 Entered 07/19/19 22:34:07 Schedule I: Your Income Doc 4

	ill in this inforn	nation to identi	fv vour case:			I		
	Debtor 1	Sonseearay First Name	L. Middle Name	Townse Last Name		, <b>—</b>	is is: nended filing plement showing	postpetition
	Debtor 2	First Name	Middle Name	Loot Name		chapte	er 13 expenses as ing date:	s of the
	(Spouse, if filing)			Last Name				
	Case number	ruptcy Court for the	EASTERN DIS	IRICT OF MI	CHIGAN	MM / I	DD / YYYY	
	(if known)	19-50500						
0	fficial Form 10	<u>)6J</u>						
S	chedule J: Yo	our Expense	S					12/15
nai	as complete and a rrect information. I me and case numb	f more space is ne er (if known). Ans	eded, attach anoth wer every question	er sheet to thi				
_		ibe Your House	enoid					
1.	Is this a joint cas	e?						
	_ No	Debtor 2 live in a s	eparate household?		or Separate House	hold of Debto	r 2.	
2.	Do you have dep  Do not list Debtor		No Yes. Fill out this in	IOITIALIOIT	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Debtor 2.		for each dependen	L ·	Daughter		 16	□ No
	Do not state the d names.	ependents'			Daughter		14	Tolerand Yes □ No Tolerand Yes
				:	Son		10	□ No - ☑ Yes
					Daughter		5 Years	□ No - ☑ Yes □ No
3.	Do your expense		<b>☑</b> No					Yes
	yourself and you		Yes					
F	Part 2: Estima	ate Your Ongoi	ng Monthly Exp	enses				
to	timate your expens report expenses as a form and fill in the	of a date after the		-	-		•	
	clude expenses paid ch assistance and l		-	-			Your expens	es
4.			enses for your residence any rent for the grou				4	\$1,700.00
	If not included in	line 4:						
	4a. Real estate t	axes					4a	
	4b. Property, hor	meowner's, or rente	r's insurance				4b	
	4c. Home mainte	enance, repair, and	upkeep expenses				4c	\$30.00
	4d. Homeowner's	s association or cor	dominium dues				4d.	

Debt	tor 1	Sonseearay L. Townsend	Case number	(if known)	19-50588		
				Your e	expenses		
5.	Addi	tional mortgage payments for your residence, such as	home equity loans	5.			
6.	Utilit		nome equity reams	· _			
	6a.	Electricity, heat, natural gas		6a.	\$250.00		
		Water, sewer, garbage collection		6b.	<del></del>		
		Telephone, cell phone, Internet, satellite, and	(Cable & Internet)	6c.	\$150.00		
		cable services	,	_	_		
_		Other. Specify: Cell Phone		6d	\$180.00		
7.		l and housekeeping supplies		7	\$650.00		
8.		dcare and children's education costs		8			
9.		ning, laundry, and dry cleaning	(See continuation sheet(s) for details)	9	\$160.00		
10.		onal care products and services	(See continuation sheet(s) for details)	10	\$120.00		
11.		ical and dental expenses		11			
12.		<b>sportation.</b> Include gas, maintenance, bus or train Do not include car payments.		12	\$400.00		
13.		rtainment, clubs, recreation, newspapers, azines, and books		13	\$80.00		
14.	Char	itable contributions and religious donations		14			
15.		Insurance.					
	Do n	ot include insurance deducted from your pay or included i					
	15a.	Life insurance		15a			
	15b.	Health insurance		15b			
	15c.	Vehicle insurance		15c	\$200.00		
	15d.	Other insurance. Specify:		15d			
16.	Taxe Spec	, , ,	uded in lines 4 or 20.	16			
17.	Insta	illment or lease payments:					
	17a.	Car payments for Vehicle 1		17a	\$450.00		
	17b.	Car payments for Vehicle 2		17b			
	17c.	Other. Specify:		17c			
		Other. Specify:		17d			
18.		payments of alimony, maintenance, and support that acted from your pay on line 5, Schedule I, Your Income	•	18			
19.	Othe Spec	er payments you make to support others who do not liv		19			
20.		r real property expenses not included in lines 4 or 5 o edule I: Your Income.					
	20a.	Mortgages on other property		20a			
	20b.	Real estate taxes		20b			
	20c.	Property, homeowner's, or renter's insurance		20c			
	20d.	Maintenance, repair, and upkeep expenses		20d			
	20e	Homeowner's association or condominium dues		20e.			

Debtor 1		Sonseearay L. Townsend	Case number (if known)	19-50588			
21.	Other	. Specify:	21. +_	_			
22.	Calcu	late your monthly expenses.					
	22a.	Add lines 4 through 21.	22a	\$4,370.00			
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b				
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$4,370.00			
23.	Calcu	late your monthly net income.					
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$4,482.13			
	23b.	Copy your monthly expenses from line 22c above.	23b. <b>_</b> _	\$4,370.00			
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$112.13			
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you fi	le this form?				
		ample, do you expect to finish paying for your car loan within the year or do you expect your mortgage nt to increase or decrease because of a modification to the terms of your mortgage?					
		ves. Explain here: None.					

10. Personal care products and services (details):
Hair care for family, Beauty Products

Total: \$120.00

\$120.00